



Advisory Board and Expert Advisory Committee

HealthSource RI
One Weybosset Hill / 33 Broad Street
2nd Floor, Conference Room A
March 24, 2015, 12:30 - 1:30pm

Joint Meeting of Advisory Board and Expert Committee

- i. Joint Briefing and Discussion of Governor's Recommendations for HSRI Budget and Funding Mechanism

Anya acknowledged that the IT issues that are happening with HSRI and its partners is an ongoing issue and HSRI is doing everything it can to address those issues and they remain a one of her top priorities.

Anya comments on the HSRI hopes to have a clearer idea of how the board and experts are going to function and goals to have a full board and a well-understood plan for the roles, what HSRI reports to the board, and a better idea of the relationship between the experts and the board by the board retreat in July.

Discussion of the governor's budget recommendations. The governor made clear that Anya's charge was to reduce the expenditure level here and bring it down to an affordable and sustainable level. The main touchpoint became what would the comparative costs of transferring HSRI functions to the federal government for FY17 and FY18. The premium assessments are based on projected enrollment for 17/18.

Discussion about the fees assessed on the federal exchange. Anya noted that the feds said the fee is not covering their costs and they have the ability to increase that fee to cover their costs. The governor proposed an assessment on individual and small group premiums inside and outside the exchange which largely mirrors the federal assessment.

Small groups will expand to up to 100 by 1/1/17, but there is a lot of pressure from the small business community to make that happen, so our assumptions don't take that into account. If that does happen, the impact will be that the assessments on the small business side will go down significantly.

- ii. Staff Data Presentation on Open Enrollment

Open Enrollment ran from November to February. Enrollment was heavily deadline-driven. At the end of open enrollment 95% of the 30,001 covered individuals covered for 2015 were paid for. 20,851 renewed 9,150 first time.

Discussion on how the graph on average premium cost is not reflective of the state-to-state rule changes, and may be misleading. SHOP update and SHOP Full Choice Model. Overview of call, walk-in, and other customer service trends. Overview of 2015 open enrollment state-to-state comparison data.

iii. Discussion of Policy Issues

Auto-renewal versus active renewal. We are going to take you through some of the options we have. There is very little comparative data across states on this topic. Key decisions we face going forward are:

- Should HSRI use auto-renewal for upcoming 2016 enrollment?
- If not for 2016, should HSRI build auto-enrollment to be used for future years?

HSRI presentation of pros and cons of auto-renewal

- See John Cucco slideshow

Discussion of pros and cons of auto-renewal

- Board member/Expert: time constraints for Deloitte
(is there capacity to add auto-enroll development on top of current issues?)
- Produce auto-enrollment capacity while we have the federal dollars
- Active educates people about policies/plans
- Auto is industry standard
- Auto saves money (less outreach required)
- Auto might be difficult, considering all the tech issues that currently exist

iv. **Advisory Board Meeting** - Discussion of Board Membership

Any - We are still operating under the executive order that defines the board. There are 13 slots and currently four vacancies. Most, if not all, appointments have expired. The governor will be assessing all boards and deciding what she wants to do with appointments. They are aware that we have to go through that process, and we have not had a discussion about that other than to let them know we have vacancies.

v. Staff Recommendations Regarding Board roles and Duties

We are trying to improve governance. We also had a site visit from CMS and they had some similar recommendations. We are looking to strike the right balance between the board and the experts. We are looking for a more meaningful opportunity for the board

and experts to give input and matches expectations of the governor's office, HSRI leadership, and the board members. We changed schedule of meetings to quarterly.

vi. Public Comment

Any - On the experts - we want to get back to the original concept of the experts giving input to the board, particularly on key policy issues (which we have a long list of). In advance of board meetings, we could convene the experts and see if they have input on items being discussed at board meetings. We should develop a plan for the year starting in July that sketches out the issues we are going to be addressing, and giving ourselves deadlines.

1. Adjourn